

DENTAL TREATMENT PLAN					1. CONSULTATION DESIRED <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If yes, complete Section III, on reverse side)</i>	
SECTION I - PLANNED TREATMENT AND SEQUENCE OF ACCOMPLISHMENT						
Check items in Column c to indicate treatment planned. If sequence of treatment is other than that printed in column b, use numbers (1 thru 10) in column c to show desired order.						
LINE ITEM	CODE	TYPE TREATMENT <small>b</small>	PLANNED SE- QUENCE <small>c</small>	ACCOM- PLISHED <small>d</small>	CHART <small>Chart ONLY missing teeth and TREATMENT TO BE ACCOMPLISHED. Do NOT chart existing Pathology or Restorations. <small>e</small></small>	
2	A	URGENT		<input type="checkbox"/>		
3	B	PERIODONTAL		<input type="checkbox"/>		
4	C	PROPHYLAXIS <input type="checkbox"/> SsF2 PASTE		<input type="checkbox"/>		
5	D	TOPICAL SsF2 REPEAT AFTER _____ MONTHS		<input type="checkbox"/>		
6	E	COUNSELING IN SELF CARE		<input type="checkbox"/>		
7	F	OCCCLUSION		<input type="checkbox"/>		
8	G	SURGERY		<input type="checkbox"/>		
9	H	RESTORATIONS		<input type="checkbox"/>		
10	I	PROSTHESES		<input type="checkbox"/>		
11	J	OTHER (specify)		<input type="checkbox"/>		
12. REMARKS OR INSTRUCTIONS <i>Use this space for additional clarification of recommended treatment or for describing treatment which does not lend itself to charting. Indicate nature of treatment and teeth or other tissues involved. Identify entry by code letter (Column a, above).</i>						
13. DATE		14. TREATMENT FACILITY			15. SIGNATURE OF DENTIST RECORDING TREATMENT PLAN	
SECTION II - PATIENT IDENTIFICATION						
16. SEX	17. RACE	18. GRADE	19. ORGANIZATION			
20. PATIENT'S LAST NAME - FIRST NAME - MIDDLE INITIAL					21. DATE OF BIRTH	22. IDENTIFICATION NUMBER

**SECTION III - CONSULTATION REQUEST** *(To be completed by requesting officer)*

CONSULTATION DESIRED (Indicate by check mark(s))			REMARKS (If appropriate)
23	<input type="checkbox"/>	PROSTHODONTIC	
24	<input type="checkbox"/>	PERIODONTIC	
25	<input type="checkbox"/>	ORAL SURGERY	
26	<input type="checkbox"/>	OPERATIVE	
27	<input type="checkbox"/>	CROWN AND BRIDGE	
28	<input type="checkbox"/>	OTHER (specify)	

29. SECTION IV - CONSULTANT REMARKS AND RECOMMENDATIONS  
(Initial after each entry and identify entry by number)

[illegible]